

Policy & Procedure (P& P)

Policy Title :

Therapeutic Venesection

Department	Index No.	Scope
Laboratory & Blood Bank	LAB-072	All Blood Bank Staff
Issue Date	Revision NO	Effective Date
1439/9/14	2	1440/07/23
Review Due Date	Related Standard NO.	Page Number#
1442/07/23	CBAHI (LB. 57)	4

01. Policy:

The blood bank has a process for request, approval and execution of therapeutic procedures.

02. Definition :

Therapeutic venesection: A therapeutic venesection is the removal of a volume of blood (usually 450mls) as a treatment for certain conditions of the blood to reduce the iron levels, red blood cells or the thickness of the blood to a safe level.

03. Purpose :

- 03.1. To identify the procedure for the assessment and delivery of Therapeutic Venesection within the Blood bank department.
- 03.2. to improve personal care for the patient and reduce the risks associated with poor Therapeutic Venesection care.

04. Procedure :

- 04.1. All therapeutic procedures are ordered and justified by an authorized physician.
- 04.2. The blood bank will be responsible for the well-being of the patient during the procedure, but the referring doctor is responsible for management of the disease for which venesection is indicated.
- 04.3. No request will be processed until the following information is provided in hard copy (including the referral form and pathology results):
 - 04.3.1. Diagnosis
 - 04.3.2. Supportive evidence of diagnosis

- 04.3.3. Concurrent medical problems
- 04.3.4. Current medications
- 04.3.5. Frequency of venesection (eg. weekly, monthly, quarterly, etc)
- 04.3.6. Lowest acceptable hemoglobin level at which donation can proceed
- 04.4. The internal medicine physician or the hematologist physician orders for therapeutic venesection **and** fills in a special form: therapeutic venesection **form** and gives all the required data: the diagnosis, the justifications for venesection (CBC), the amount of blood to be collected, then writes his name and signs with date and time and stamp.
- 04.5. Therapeutic venesection is commonly used to treat:
 - 04.5.1. Haemochromatosis
 - 04.5.2. Polycythemia Vera
 - 04.5.3. Erythrocytosis and high hemoglobin
- 04.6. The blood bank physician or the blood bank supervisor receives the patient with his request then checks the identity of the patient by asking him his ID or Iqama, then reviews the therapeutic procedures orders for appropriateness and evaluates the patient clinical and laboratory data (checks the Hb and the clinical state) before approving the procedure.
- 04.7. Then the blood bank physician or the blood bank supervisor will write his opinion for approval or not on the therapeutic venesection **form** and signs.
- 04.8. The blood bank technician in the collection area explains the therapeutic procedure for the patient and let him sign the consent. No serial number will be given but one red sticker will be attached to the blood bags set.
- 04.9. The blood bank technician weighs the unit, records in the form then discards the blood component immediately after collection.
- 04.10. The blood bank technician will sign in the form with date and time.
- 04.11. The data of the patient: the physician request, the CBC, the consent is kept in a special file: Therapeutic venesection and a copy is kept in the patient file.

05. Responsibilities :

All laboratory staff of AlQunfudah General Hospital.

06. Equipment & Forms

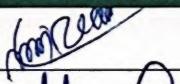
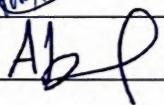
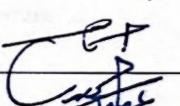
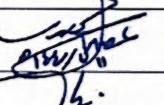
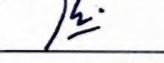
- 06.1. Therapeutic venesection file.
- 06.2. Therapeutic venesection form.

07. Attachment :

08. Reference

08.1. AABB technical manual 18th edition

Preparation , Reviewing & Approval Box

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Approved By	Dr. ABDULLAH ALJABRI	Hospital Director		١٤٣٥/٧/٢٠



THERAPEUTIC PHLEBOTOMY CONSENT FORM

PATIENT DATA & DIAGNOSIS:

I have been fully informed of the procedure for therapeutic phlebotomy, benefits and possible risks of the procedure and all my questions have been answered. I understand that a defined amount of my blood will be drawn and discarded. I honestly answering all the questions asked to me and own my responsibility.

تم تعريفني بعملية سحب الدم العلاجي وفوائد والمخاطر الممكن حدوثها جراء تلك العملية وتمت الاجابة عن جميع اسئلتي وابلاغي بأنه سيتم سحب كمية الدم المحددة من قبل الطبيب المعالج مني ولهذا وقعت اذنها ولقد قمت بالاجابة على جميع الاسئلة التي سئلتني بكل مصداقية وعلى مسؤوليتي.

..... توقيع المريض:
..... اسم المريض:

Patient Name: Patient Signature:

Amount Drawn: ML

General patient condition after extraction:

NOTE: DISCARD THE BAG IMMEDIATELY AFTER COLLECTION

Phlebotomist Sign:

Blood Bank Doctor:



وزارة الصحة

Ministry of Health

مستشفى القنفذة العام



الملكة العربية السعودية
وزارة الصحة
مستشفى القنفذة العام

رقم الملف الطبي _____
الاسم _____
الجنسية _____
العمر _____
تاريخ الميلاد _____
الجنس _____

القسم

THERAPEUTIC VENESECTION

نموذج التبرع العلاجي

Diagnosis's date:/...../.....	تاريخ التشخيص:/...../.....
Diagnosis:	التشخيص:
CBC: Hb level:	نسبة الهيموجلوبين:
<input type="checkbox"/> Blood Bank <input type="checkbox"/> Emergency <input type="checkbox"/> OPD (Internal Medicine)	<input type="checkbox"/> بنك الدم <input type="checkbox"/> الطوارئ <input type="checkbox"/> العيادات الخارجية (باطنة)
Amount Requested:	الكمية المطلوبة:
Frequency:	عدد فترات السحب والفترات الفاصلة بينها :
Doctor's Name:	اسم الطبيب المعالج :
Blood bank opinion:	رأي بنك الدم:
Amount requested was given:	تم التبرع العلاجي بالكمية المطلوبة:
Blood bank in charge:	المسؤول في بنك الدم:
Stamp and signature.....Date.....	الختم و التوقيعالتاريخ.....

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